

COUNTY OF SAN DIEGO - WRITTEN DISCLOSURE

(PURSUANT TO SECTION 1000.1 OF THE SAN DIEGO COUNTY CHARTER)

FILER INFORMATION: (Please type or print in ink)

Robert Jerskey, O.T.

(NAME OF CONTRACTOR [INDIVIDUAL OR ENTITY] OR REGISTERED LOBBYIST)

(TELEPHONE NO. - INCLUDING AREA CODE) **(760) 434-0996**☒ CONTRACTOR ☐ LOBBYIST (Check one)☐ SUPPLEMENTAL FORM (Check if presenting at Board of Supv. Mtg.)DISCLOSURE COVERS PERIOD FROM **JULY 19TH, 2004 TO JULY 18th, 2005**

(Disclosure must cover the year preceding the date of the disclosure)

NAME AND ADDRESS OF CONTRACTOR:

Robert Jerkey, O.T., 3610-G Village Dr., Carlsbad, CA 92008

ADDRESS OF REGISTERED LOBBYIST (IF APPLICABLE)

(Clerk's Use Only - Date and Time Stamp)

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

2005 JUL 20 A 10:35

Board Mtg. Date: **8-2-05**Agenda Item: **17**

Communication Rec'd.: _____

County Department Contact:

Name: **Linda Lake, PHN Manager**Department **HHSa - Hansen's Program**Phone: **(858)490-4423**

REPORTABLE DISCLOSURE: (Check Yes or No below)

YES If you HAVE gifts and/or contributions to report, please complete Sections A and/or B, as applicable, and Sections C, D, and E**X NO** If you have NO gifts and NO contributions to report, please complete Section D and E only**A. REPORTABLE DISCLOSURE - GIFTS * (AGGREGATING \$50.00 OR MORE)**

NAME OF RECIPIENT (Name of Board Member or immediate family member)	NAME & TITLE OF DONOR	DATE OF GIFT	DESCRIPTION OF GIFT	AMOUNT/VALUE

* Attach additional pages if necessary

B. REPORTABLE DISCLOSURE - CAMPAIGN CONTRIBUTIONS * (ANY AMOUNT)

NAME OF RECIPIENT (Name of Board Member or Controlled Committee receiving campaign contribution)	NAME & TITLE OF CONTRIBUTOR	DATE OF CONTRIBUTION	AMOUNT

* Attach additional pages if necessary

C. TOTAL NUMBER OF PAGES (including this page) _____**D. VERIFICATION**

I have used all reasonable diligence in preparing this disclosure. I declare under penalty of perjury that I have reviewed this disclosure and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

Signature of Lobbyist or Signature & Title of Person Submitting Disclosure for Contractor)
Executed at: San Diego, CA (City and State)Date: 7/19/05**E. CONTRACTOR'S CERTIFICATION**

The contractor and the contractor's registered lobbyist, if any, have complied with the disclosure requirements imposed by San Diego County Charter section 1000.1.

Signature of Contractor or Representative

Occupational Therapist and Title Coordinator of Disability Consultant

Date

7/19/05